No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI

FILED NOV 22 1950

STANDARD CERTIFICATE OF DEATH

State File No. 39385

BIRTH NO. _____ REG. DIST. NO. 3147 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2220 2214

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moline
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 9900 Duke Drive

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moline 4000
d. STREET ADDRESS (If rural, give location): 9900 Duke Drive 1

3. NAME OF DECEASED (Type or Print): a. (First) Mary b. (Middle) c. (Last) Graham

4. DATE OF DEATH: (Month) Nov (Day) 10th, (Year) 1950

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Dec 12th, 1882

9. AGE (In years last birthday): 67 | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Zion, Mo.

12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: Labon Cloninger

13b. MOTHER'S MAIDEN NAME: Agnes Graham

14. NAME OF HUSBAND OR WIFE: Noah Graham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): -----

16. SOCIAL SECURITY NO.: -----

17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Noah Graham, 9900 Duke Drive

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Hemorrhage, Colon	3 days
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Carcinomatosis, General	?
DUE TO (c)	Liver	?
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Malnutrition	?

19a. DATE OF OPERATION: 5-15-50

19b. MAJOR FINDINGS OF OPERATION: Adenocarcinoma, Rectum ← 1542

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: 1541

22. *I hereby certify that I attended the deceased from* 4-15-, 1950, *to* 11-10-, 1950, *that I last saw the deceased alive on* 11-10-, 1950, *and that death occurred at* 8:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Nicholas J. Vitale, MAO

23b. ADDRESS: 3861 St. Louis Ave.

23c. DATE SIGNED: 11/11/50

24a. BURIAL, CREMATION, REMOVAL (Specify): burial 0

24b. DATE: 11/10/50

24c. NAME OF CEMETERY OR CREMATORY: Mt. Pisgah Cemetery

24d. LOCATION (City, town, or county) (State): Fredericktown, Mo.

DATE REC'D BY LOCAL REG.: 11/11/50

REGISTRAR'S SIGNATURE: Herbert R. Donke MD

25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: Diedrich F. Home, 8319 Hallsferry

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

made an inquiry

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~ [redacted]

working under my personal supervision.

Student Embalmer No. .....

Signed [redacted]

Signed.....
Student Embalmer

Licensed Embalmer No. [redacted]

P. O. Address [redacted]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.